

NOTICE OF INTENT
Extended Year for Special Educators - Special Educator Stipends

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| District/Charter School: | |
| Name of Special Educator: | |
| <div style="margin-left: 40px;"><input type="checkbox"/> Special Education Teacher (Preschool) <input type="checkbox"/> Special Education Teacher (School Age) <input type="checkbox"/> Speech-Language Pathologist</div> | |
| I plan to work _____ days within two weeks before the first contract day. I plan to work _____ days within two weeks after the last contract day. <input type="checkbox"/> I am in a year-round school and plan to work during off-track days. | |
| Signature: | Date: |
| | |
| Stipends will be available for up to three days of extended year work for the following types of duties: <div style="margin-left: 40px;">IEP related duties Records maintenance File preparation Report preparation Assessment related duties Conferring with parents Other paperwork related to the implementation of IDEA</div> | |

Utah State Office of Education – 250 E 500 S – PO Box 144200 – Salt Lake City UT 84114-4200

Optional form for district/charter school use; not to be submitted to the USOE